JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

6102

FORM JC/OH COVER SHEET PG 1

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The IC/OH Iversions		1 ACCOUNT#	2 Total pages filed:
form.	N GUIDE explains how to complete this	(Ethics Commission filers)	10
3 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Eric	Montgomery	Date Received
	NICKNAME LAST Shepperd	SUFFIX	VM 1.7
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C 4408 Reynosa Dr. Austin TX 78739	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Aostmarked
Change of Address			ω Ö
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION]
OFFICEHOLDER PHONE	(512) 680 - 3218		Receipt # Amount
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	Ms. Beverly		Date Imaged
	NICKNAME LAST Reeves	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUF 221 West Sixth Street Suite 1000 Austin TX 78701-3410	TE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 334-4500		
9 REPORTTYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO 10 / 25 / 05		Year / 05
11 ELECTION	ELECTION DATE ELECTION TYLE Month Day Year	PE	
	03 / 07 / 06 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)
		Travis County Cour	t-At-Law #2
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expectant campaign expectation of the c		
BY OTHER INDIVIDUALS			
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO TO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

FORM JC/OH

SUPPORT	IOIALS		COVER SHEET PG Z
15 C/OH NAME			16ACCOUNT#(Ethics Commission filers)
Eri	c Montgomery	Shepperd	
17 NOTICE FROM POLITICAL		ndidate / officeholder. These expenditures lidates and officeholders are required to report	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	:	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8545.93
EXPENDITURE TOTALS	3. TOTAL I	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1999.84
CONTRIBUTION BALANCE	5. TOTAL F	\$ 9445.93	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0.00
19 AFFIDAVIT			
		true and correct and includes all in under Title 15, Election Code.	perjury. that the accompanying report is information required to be reported by me
		J.g., M.G. 0 0 04.	
AFFIX NOTARY STA	AMP / SEAL ABOVE		1, 1
Sworn to and subscrib	(1)		, this the / Q Hu day
Signature of officer admin	Stord	ify which, witness my hand and seal of office.	A. DORINE HOOD MY COMMISSION EXPIRES April 1, 2006

SCHEDULE A (J)

The INSTRUCTIO	N GUIDE explains how to complete this form.	=	1 Total pages Schedule A(J): 6		
2 FILER NAME	Eric Montgomery Shepperd		3 ACCOUNT # (Et	hics Commission filers)	
4 Date 10/27/05	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$) 2000.00	8 In-kind contribution description(if applicable)	
9 Contributor's p	rincipal occupation Law Firm	10 Contributor's job	title Law Firm		
11 Contributor's e	mployer/law firm Law Firm	12 Law firm of contri	butor's spouse (if an	y)	
13 If contributor is	a child, law firm of parent(s) (if any)				
Date 11/14/05	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$) 50.00	In-kind contribution description(if applicable)	
Contributor's p	rincipal occupation Mayoral Aide	Contributor's job	title Mayoral Ai	de	
Contributor's e	mployer/lawfirm City of Austin	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				
Date 11/14/05	Full name of contributor		Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor's p	rincipal occupation Attorney	Contributor's job	title Lawyer/Att	orney	
Contributor's e	mployer/law firm Linebarger Goggan Blair & Sampson LLP	Law firm of contrib	outor's spouse (if an	y)	
If contributor is	a child, law firm of parent(s) (if any)				

SCHEDULE A (J)	SC	Н	ΕD	U	LE	Α	(.	J	١
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The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule A(J): 6			
2 FILER NAME	Eric Montgomery Shepperd	3 ACCOUNT # (Etnics Commission flers)			
4 Date 11/14/05	5 Full name of contributor		7 Amount of contribution (\$) 500.00	8 In-kind contribution description(if applicable)	
9 Contributor's p	rincipal occupation Attorney	10 Contributor's job	title Lawyer/Att	orney	
11 Contributor's e	mployer/law firm Greenstein & Kolker	12 Law firm of contri	butor's spouse (if an	y)	
13 If contributor is	a child, law firm of parent(s) (if any)			·	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)	
Contributor's p	rincipal occupation Homemaker	Contributor's job	title Homemake	er	
Contributor's e	mployer/law firm	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				
Date 12/02/05	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$) 500.00	In-kind contribution description(if applicable)	
Contributor's p	rincipal occupation Law Firm	Contributor's job	title Law Firm		
Contributor's e	mployer/law firm Law Firm	Law firm of contrib	outor's spouse (if any	у)	
If contributor is	a child, law firm of parent(s) (if any)				

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The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedute A(J): 6		
2 FILER NAME	Eric Montgomery Shepperd	3 ACCOUNT# (Ett	hics Commission filers)	
4 Date 12/02/05	5 Full name of contributori out-of-state PAC :ID# Law Office of David L. Botsford Operating 6 Contributor address: City; State; Zip Code 1307 West Ave. Austin TX 78701		7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
9 Contributor's p	rincipal occupation Attorney	10 Contributor's job	title Attorney	
11 Contributor's e	mployer/law firm Law Office of David L. Botsford Operating	12 Law firm of contril Botsford Operati		y) Law Office David L.
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 12/02/05	Full name of contributor □ out-of-state PAC (ID#:		Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's p	rincipal occupation Attorney/ Manager TLIE	Contributor's job title	Attorney/ Vice Administration	-President, Underwriting
Contributor's er	mployer/law firm Texas Lawyers Insurance Exchange	Law firm of contrib	outor's spouse (if any	/)
If contributor is	a child, law firm of parent(s) (if any)			
Date 12/02/05	Full name of contributor Gut-of-state PAC (ID#)	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's pr	incipal occupation Attorney	Contributor's job t	title Attorney	
Contributor's en	nployer/law firm Law Offices of Daniel R. Castro	Law firm of contrib	outor's spouse (if any	<i>y</i>)
If contributor is	a child, law firm of parent(s) (if any)			

SCHEDULE A (J)

1-800-325-8506

The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule A(J): 6			
2 FILER NAME	Eric Montgomery Shepperd	3 ACCOUNT # (Est	nics Commission filers)		
4 Date 12/05/05	5 Full name of contributor ☐ out-of-state PAC (ID#:		7 Amount of contribution (\$) 500.00	8 In-kind contribution description(if applicable)	
	rincipal occupation Attorney/Senior Labor ctor of Labor and Employment	-	title Attorney/Sen	nor Labor Counsel & nent	
	employer/law firm Travis County/Senior Labor escale Semiconductors	12 Law firm of contri	butor's spouse (if an	у)	
13 If contributor is	a child, law firm of parent(s) (if any)				
Date 12/12/05	Full name of contributor Ratliff Law Firm PLLC Contributor address: City; State; Zip Code 600 Congress Ave. Ste 3100 Austin TX 78701-2984		Amount of cantribution (\$)	In-kind contribution description(if applicable)	
Contributor's pi	rincipal occupation Law Firm	Contributor's job title	Law Firm		
Contributor's er	mployer/law firm Law Firm	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				
Date 12/12/05	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)	
Contributor's pr	incipal occupation Attorney	Contributor's job t	title Attorney		
Contributor's en	nployer/lawfirm Ratliff Law Firm PLLC	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				

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The Instructio	N GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 6		
2 FILER NAME	Eric Montgomery Shepperd		3 ACCOUNT # (Ethics Commission filers)		
4 Date 12/12/05	Full name of contributor		7 Amount of contribution (\$) 8 In-kind contribution (\$) description(if applicable) 200.00		
	6 Contributor address: City; State; Zip Code 223 E. Elm Street Tyler TX 75702				
9 Contributor's p	rincipal occupation Attorney	10 Contributor's job	title Attorney		
11 Contributor's e	employer/law firm Law Offices of Woodrow Roark	12 Law firm of contril	butor's spouse (if any)		
13 If contributor is	s a child, law firm of parent(s) (if any)				
Date 12/21/05	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description(if applicable)		
Contributor's p	principal occupation Law Firm	Contributor's job title	e Law Firm		
Contributor's e	mployer/lawfirm Law Firm	Law firm of contrib	outor's spouse (if any)		
If contributor is	a child. law firm of parent(s) (if any)				
Date 12/21/05	Full name of contributor out-of-state PAC (ID#: Jackson Walker L.L.P. Political Action Commontal Contributor address; City; State; Zip Code 901 Main Street Ste 6000 Dallas TX 75202-3748	nittee	Amount of In-kind contribution contribution (\$) description(if applicable)		
Contributor's p	rincipal occupation	Contributor's job	title		
Contributor's er	mployer/law firm	Law firm of contributor's spouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)				

SCHEDULE A (J)

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The Instruction	The Instruction Guide explains how to complete this form.			edule A(J): 6
2 FILER NAME	Eric Montgomery Shepperd	3 ACCOUNT # (Et	hics Commission filers)	
4 Date 11/13/05	5 Full name of contributor cut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	Elbert Wayne Shepperd		18.40	Domain Name
	6 Contributor address; City, State, Zip Code			· · · · · · · ·
	12409 Gun Metal Austin TX 78739			
9 Contributor's p	nincipal occupation Retired	10 Contributor's job	title Retired	
11 Contributor's e	employer/law firm Retired	12 Law firm of contri	butor's spouse (if an	y)
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
11/13/05	Elbert Wayne Shepperd		166.80	Website:
	Contributor address; City; State; Zip Code 12409 Gun Metal Austin TX 78739			www.ericshepperdforjudge.com
Contributor's p	rincipal occupation Retired	Contributor's job title	Retired	:
Contributor's er	mployer/law firm Retired	Law firm of contrib	outor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2	Contributor address; City; State; Zip Code			
Contributor's pr	rincipal occupation	Contributor's job	title	
Contributor's er	mployer/law firm	Law firm of contrit	outor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Etnics Commission filers) FILER NAME Eric Montgomery Shepperd Date 5 Payee name 7 Amount (\$) 12/13/05 Travis County Democratic Party 1500.00 City; State; Zip Code 1311 E 6th St. Austin TX 78702 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office heta Filing Fee Date Payee name Amount (\$) 300.00 12/22/05 Austin Bar Association Payee address; City; State; Zip Code 816 Congress Ave. Austin TX 78701 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Mailing Labels Date Payee name Amount (\$) 12/31/05 **David Butts** 148.00 Payee address: City: State: Zip Code 1914 Patton Lane Austin TX 78723 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held Reimbursement for Postage Date Payee name Amount (\$) Payee address: City: State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office neld ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages this Schedule G: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Etnics Commission filers) 2 FILER NAME Eric Montgomery Shepperd 5 Payee name Amount 8 Date (\$) 10,83 The UPS Store #3744 11/11/05 6 Payee address; City; State; Zip Code 36316 Far West Blvd Ste 117 Austin TX 78731 7 Purpose of expenditure Signature Circulation Copies Reimbursement from political contributions intended Amount FedEx Kinko's (\$) 11/12/05 Payee address; City; State; Zip Code 8.64 5601 Brodie Ln Sunset Valley TX 78745 Purpose of expenditure Copies Reimbursement from political contributions intended Payee name Office Depot Date Amount 11/21/05 (\$) Payee address; City; State; Zip Code 15.37 816 Tirado St Austin TX 78752 Reimbursement from Purpose of expenditure Copies political contributions intended Payee name Capitol Rubber Stamp Date Amount 12/29/05 (\$) Payee address: City: State: Zip Code 3314 S. Congress Avenue 17.00 Austin TX 78704 Purpose of expenditure 2 Credit Card Size Name Badges w/magnet. Shepperd Reimbursement from political contributions intended Date Payee name Amount (S) Pavee address: City; State; Zip Code Purpose of expenditure Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED